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BULLETIN

17

AUGUST 2008

IMPROVING ACCESS TO EMERGENCY SERVICES

“Our ability to provide more timely access to emergency services and improve public satisfaction means we need to make improvements across the entire health system”.

That’s the overriding key message that Dr. Alan Hudson delivered to a capacity audience at Brampton’s Courtyard Marriott on June 26th as local health service providers and consumers gathered to learn more about the latest developments in Ontario’s Wait Time Strategy.

As the Ontario Ministry of Health and Long-Term Care’s Lead for the provincial Wait Time Strategy, Dr. Hudson has been immersed in wait time strategies over the past four years. In that time, significant strides have been made in reducing the wait times for key medical procedures, including those for cardiac bypass surgery, cataract surgery, cancer surgery, and hip and knee replacements. Here in the Central West LHIN we continue to work closely with local hospitals to improve wait times for these and other procedures, including CT Scan and MRI.

In the fall of 2007, the province further expanded its wait time initiative to include emergency department wait times to help reduce overcrowding and backlogs across Ontario.

“Accountability for improvement in this area rests with hospital boards and CEOs, LHIN boards and CEOs and community partners,” says Dr. Hudson, noting that it is important to start strategizing to address this issue now as the infrastructure and resources to reduce demand and increase supply will take time.



Central West LHIN Board Chair Joe McReynolds introduces Dr. Alan Hudson, Lead, Ontario Wait Times Strategy to a capacity audience at Brampton’s Courtyard Marriott Hotel.

STRATEGIZING TO IMPROVE EMERGENCY DEPARTMENT WAIT TIMES

Among the strategies he noted that will have an impact on reducing demand for emergency services are better services for seniors (The Provincial Aging at Home Strategy), and an increased focus on family health care, chronic disease prevention and management and mental health and addiction services. People often seek these services through local emergency departments, yet they can be effectively managed within community-based settings.

He also pointed out that improving processes within emergency departments and increasing the supply of alternate levels of care such as community-based and home services, rehabilitation services, complex

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continuing care, and long-term care are also expected to have an impact.

“Among the many challenges facing health care today are the number of patients lying in hospital beds who no longer need the medical care a hospital provides, but who are awaiting placement in another facility that can better meet their continuing health care needs,” notes Dr. Hudson. “Every day in Ontario, about 2,900 patients are waiting in hospital beds for alternate levels of care, and that is among the factors leading to long waits in our emergency departments.”

While the Central West LHIN has among the lowest percentage of patients awaiting alternate levels of care in the province, about 12 percent of our local hospital beds are being used in this way each day. At the same time, at any given point in time, you can find patients sitting in our local emergency departments waiting for admission to a hospital bed.

TRACKING EMERGENCY DEPARTMENT WAIT TIMES

Later this year, hospitals will start submitting wait time data from their emergency departments through the province's Emergency Department Reporting System (EDRS). This will help hospitals to measure and manage their emergency department activities and the flow of patients in and out of the ER in a timely and safe manner. By the fall of 2008, about 80 hospitals across the province are expected to be online with the new system.

Among the indicators that will be tracked through the new system are the time it takes for ambulances to off-load patients to the emergency, the time it takes before the patient is assessed by a physician, the time from arrival in emergency to the point of admission to a hospital bed, the emergency department length of stay, the number of alternate level of care patients in inpatient beds in the hospital, and the number of patients in the emergency department. This information will be publicly reported on the Ontario Wait Times website (www.ontariowaittimes.com) by the spring of 2009.

“The EDRS is part of a broader agenda to improve access to care,” says Dr. Hudson, who notes it is an important component of the Wait Time Information

System (WTIS) currently being used by 81 wait-time funded hospitals across the province who have been using this electronic tool to monitor wait times for cardiac, cancer and cataract surgeries, hip and knee replacements and MRI and CT Scans. “In March of this year, the WTIS was expanded to capture the wait times for all ophthalmic, orthopaedic and general surgery procedures as well.”

Over the next year, the WTIS will once again be expanded to include wait times for neurology (nerves, brain and spinal cord), vascular (major blood vessels), thoracic (chest), otolaryngology (head and neck), obstetrics/gynecology (childbirth/women's reproductive organs), urology (urinary tract), plastics/reconstructive, and oral (mouth) surgeries, bringing the total number of procedures being tracked on the system to more than 2.2 million.

“Among the many measures we will be monitoring as we implement emergency department strategies over the next few years is patient satisfaction,” notes Dr. Hudson, acknowledging that hospitals will start submitting this data starting in January 2009. This and other Emergency Department Strategy initiatives will be complemented by a public awareness campaign regarding emergency services expected to launch later this summer.

For more information about the Ontario Wait Times Strategy, please visit the Ontario Wait Times website at www.ontariowaittimes.com.



Health service providers and consumers learn more about the progress being made in reducing wait times for health services across the province and in the Central West LHIN.

www.centralwestlhlin.on.ca